



State of New Jersey  
DEPARTMENT OF HEALTH AND SENIOR SERVICES

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Governor

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KIM GUADAGNO  
Lt. Governor

POONAM ALAIGH, MD, MSHCPM, FACP  
Commissioner

September 21, 2010

Dear Provider:

This letter is to provide you with an update of the changes to New Jersey's Pre-Admission Screening and Resident Review (PASRR) process effective October 1, 2010 as announced by CMS on May 25, 2010. (See CMS link [http://www.cms.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp](http://www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp)). Section 1919(e)(7) of the Social Security Act and Chapter 42 of the Code of Federal Regulations, Sections 483.100 through 483.138 specify the requirements for mental illness and mental retardation pre-admission screening of all individuals before they enter a Medicaid certified nursing home, regardless of payment source. Federal regulations require that PASRR screenings take place prior to admission in order for a state to receive federal financial participation for Medicaid reimbursement of nursing home care.

Enclosed is the revised Level I PASRR Screen (LTC-26). It can be accessed on the Department of Health and Senior Services' (DHSS) website: <http://web.doh.state.nj.us/apps2/forms/>. To ensure pre-admission screening is conducted prior to nursing home admission, it will be necessary for hospitals to initiate completion of the PASRR screening as part of their discharge planning process. Nursing home admissions from community settings will be coordinated by nursing home staff. PASRR screening for Medicaid and soon-to-be Medicaid eligible admissions will continue to be done by the DHSS' Office of Community Choice Options.

Staff from the DHSS' Division of Aging and Community Services (DACS) has already participated in five regional trainings on the new Level I form and PASRR process as part of the new MDS 3.0 rollout. DACS has developed training in cooperation with leadership from both the hospital and nursing home industry to offer web-based training in early October on the revised PASRR process and forms. Your facility will be notified by DACS when and how to access this training. DHSS survey staff will not initiate enforcement until directed by CMS. However, survey staff will review to determine provider compliance with these changes.

If you or your staff have questions or concerns regarding this letter, they may contact staff in DACS at 609-633-8604.

Sincerely,

Mary O'Dowd  
Deputy Commissioner  
Department of Health & Senior Services

Valerie J. Harr  
Deputy Director, DMAHS  
Department of Human Services

enclosure

**New Jersey Department of Health and Senior Services  
New Jersey Department of Human Services  
PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)  
LEVEL I SCREENING TOOL**

*This form must be completed for all applicants prior to nursing facility admission in accordance with Federal Regulations 42 CFR 483.106.*

• PLEASE PRINT •

Name of Applicant (Last Name, First Name)	Social Security Number
Current Location of Applicant	Date of Birth
Residence Prior to NF Placement: <input type="checkbox"/> Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Boarding Home <input type="checkbox"/> Other (specify): _____	County
<b>MENTAL ILLNESS</b>	
1. a. Does the individual have a documented primary diagnosis of dementia (including Alzheimer's Disease or related disorder) based on criteria in the DSM-IV? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No DSM-IV Code: _____ b. The diagnosis was made on the basis of (check all that apply): <input type="checkbox"/> Mental Status Exam <input type="checkbox"/> Neurological Exam <input type="checkbox"/> History and Symptoms <input type="checkbox"/> Other Diagnostics (specify): _____	
2. a. Does the individual have a diagnosis or evidence of a major mental illness limited to the following disorders: schizophrenia, schizoaffective, mood (bipolar and major depressive type), paranoid or delusional, panic or other severe anxiety disorder; somatoform or paranoid disorder; personality disorder; atypical psychosis or other psychotic disorder (not otherwise specified); or another mental disorder that may lead to chronic disability? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No (Based on the DSM-IV) <b>Psychiatric Diagnosis</b>  b. <b>Current Psychiatric Medications and Dosages:</b>	
3. Within the past 6 months, has the individual had a significant impairment in functioning? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No (Check all that apply): <input type="checkbox"/> <b>Interpersonal functioning.</b> The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history or altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation. <input type="checkbox"/> <b>Concentration, persistence, and pace.</b> The individual's ability to pay attention long enough to complete tasks appropriately and on time, including tasks commonly found in work settings. Marked limitations means that the individual cannot complete simple tasks accurately and consistently: 1.) without extra help or supervision; 2.) without too many rest periods; or 3.) without too many interruptions or distractions. <input type="checkbox"/> <b>Adaptation to change.</b> The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.	
4. Within the last 2 years, has the individual had any history of inpatient or partial care/partial hospitalization treatment or has had two or more visits to a Community Mental Health Screening Center? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Has the individual been involved with PACT or Integrated Case Management Services? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain and provide dates:	
<b>MENTAL RETARDATION/DEVELOPMENTAL DISABILITY</b>	
5. Does the individual have a diagnosis of mental retardation (mild, moderate, severe or profound)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Does the individual have a severe, chronic disability with date of onset prior to age 22 that is attributable to a condition other than mental illness that results in impairment of general intellectual functioning or adaptive behavior (for example, related conditions such as autism, seizure disorder, cerebral palsy, epilepsy, spina bifida, or head injury)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is there a history of MR/DD or related condition in the individual's past? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	



**PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR)  
LEVEL I SCREENING TOOL, CONTINUED**

MENTAL RETARDATION/DEVELOPMENTAL DISABILITY, CONTINUED			
8. Is there any presenting evidence (cognitive or behavior characteristics) that may indicate the person has MR/DD or related condition? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
9. Does the individual currently receive services paid through the Division of Developmental Disabilities? (For example, day habilitation, group home, case management, Community Care Waiver, Real Life Choices, Family Support, or Self Determination)..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
CERTIFICATION OF MEDICAL PROFESSIONAL COMPLETING LEVEL I FORM			
Name and Title of Medical Professional Completing Form ( <i>Print</i> )		Signature of Medical Professional Completing Form	
Name of Alternate Level I Screener Contact	Phone No.	Fax No.	Date
INSTRUCTIONS			
Place check in <u>only one box</u> beside outcome: <input type="checkbox"/> If <b>ALL</b> Questions 1 through 9 are answered <b>NO = NEGATIVE SCREEN:</b> Stop here. Individual may be admitted to a Nursing Facility without referral to DMHS and/or DDD for a Level II Evaluation. Original copy of Level I Form must be placed in NF chart. <input type="checkbox"/> If Question 1 is <b>YES</b> but Questions 2 through 9 are <b>NO = NEGATIVE SCREEN:</b> Stop here. Individual may be admitted to a Nursing Facility without referral to DMHS and/or DDD for a Level II Evaluation. Original copy of Level I Form must be placed in NF chart. <input type="checkbox"/> If Question 1 is <b>YES</b> and if any of Questions 2 through 4 are <b>YES = NEGATIVE SCREEN:</b> Stop here. Individual may be admitted to a Nursing Facility without referral to DMHS for a Level II Evaluation. Original copy of Level I Form must be placed in NF chart. <input type="checkbox"/> If Question 1 is <b>YES</b> and if any of Question 5 through 9 are <b>YES = POSITIVE SCREEN:</b> Make simultaneous referrals to <b>DDD</b> for Level II Evaluation and OCCO for Level of Care Determination. Screener will give a copy of the Notice of Referral for a Level II Evaluation Letter to the NF Applicant or Legal Representative. <input type="checkbox"/> If Question 1 is <b>NO</b> and if <b>ANY</b> of Questions 2 through 9 are answered <b>YES = POSITIVE SCREEN:</b> 1. Refer to <b>DMHS</b> for ANY of Questions 2 through 4 that were answered YES. 2. Refer to <b>DDD</b> for ANY of Questions 5 through 9 that were answered YES. 3. Refer to <u>both</u> <b>DMHS</b> and <b>DDD</b> simultaneously for any of Questions 2 through 4 AND any of Questions 5 though 9 that are answered YES. 4. NOTE: In addition to referral(s) for Level II Evaluation(s), make a simultaneous referral to OCCO for a Level of Care Determination. Screener will give a copy of the Notice of Referral for a Level II Evaluation Letter to the NF Applicant or Legal Representative.			
PASRR DETERMINATION CRITERIA – LEVEL II EXEMPTED HOSPITAL DISCHARGE FOR LEVEL I POSITIVE SCREENS			
<b>NOTE: Hospital Discharge Exemption applies only to initial nursing facility admission, not resident review, nursing facility readmission or inter-facility transfer. Complete this section if any YES responses are noted in Questions 2 through 9.</b>			
<b>EXEMPTED HOSPITAL DISCHARGE</b> – An individual may be admitted to a skilled nursing facility directly from the hospital after receiving inpatient care (non-psychiatric) at the hospital if: 1. The individual requires skilled nursing facility services for the condition for which he/she received care in the hospital; and 2. The attending <b>physician certifies before the admission</b> that the individual is likely to require less than 30 days skilled nursing facility care. 3. <b>NOTE:</b> If the individual requires care beyond the initial 30 day period, the nursing facility must notify DMHS and/or DDD prior to the expiration of 30 days and provide a written explanation of the reason continued residence is required and the anticipated length of stay. Admission under the above exemption does not exempt the nursing facility from providing services to an individual who has mental health or MR/DD or related needs and would benefit from services.			
Name of Physician ( <i>Print</i> )		Signature of Physician	
		Date	
CONTACT INFORMATION: DIVISION OF MENTAL HEALTH SERVICES AND DIVISION OF DEVELOPMENTAL DISABILITIES			
<b>Division of Mental Health Services</b> Statewide PASRR Coordinator Phone 609-777-0725; Fax 609-777-0662  <b>Division of Developmental Disabilities Regional Offices:</b> Northern Region – Morris, Sussex and Warren Counties Phone 973-927-2600; Fax 973-927-2683 Northern Region – Bergen, Hudson and Passaic Counties Phone 973-977-4004; Fax 973-977-2120 Upper Central Region – Somerset, Union and Essex Counties Phone 908-226-7800; Fax 908-412-7900		<b>Division of Developmental Disabilities Regional Offices, Cont'd:</b> Lower Central Region – Ocean and Monmouth Phone 732-863-4500; Fax 732-863-4406 Lower Central Region – Hunterdon, Mercer and Middlesex Phone 609-588-2727; fax 609-584-1402 Southern Region – Camden and Burlington Phone 856-770-5900; Fax 856-770-5935 Southern Region – Atlantic and Cape May Phone 609-476-5200; Fax 609-909-0656 Southern Region – Cumberland, Salem and Gloucester Phone 856-696-6000; Fax 856-690-5277	